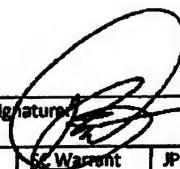


ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT

Last Name		First	Middle	Suffix	Alias, Scars		Marks		Booking Number																																																																																																																														
Turner		Michael																																																																																																																																					
Address		City		State/Zip		Origin	Sex	Hgt.	Wgt.	Hair	Eyes	Complex																																																																																																																											
217 N. 1st St.		Sierra Vista Az.		85635		W	M	6-04	200	Bro	Bro	F																																																																																																																											
Age	Date of Birth	Place of Birth	Citizen	Social Security Number			Employer			Occupation																																																																																																																													
30	3-21-88		Y	601-98-0051			None																																																																																																																																
Emergency Name and Number and Relationship to Person					Address																																																																																																																																		
F.B.I. Number				State ID Number					Driver's License No. and State																																																																																																																														
									D03396154 Az.																																																																																																																														
Arresting Agency			Arrest Date		Arrest Time		DR Number		Location of Arrest																																																																																																																														
CCSO			12-5-18		2033		18-42230		217 N. 1st St.																																																																																																																														
Arresting Officer's Name and Number				Transporting Officer					Location of Occurrence																																																																																																																														
Det. R. Olmstead 1419				Dep. Gilbert					SAA																																																																																																																														
1. Did defendant attempt to avoid or resist arrest?			2. Was defendant armed at time of offense?		3. Was anyone injured or threatened with person injury by defendant during the course of the offense?					4. Was defendant armed at time of arrest?		5. Has defendant admitted involvement in the offense?																																																																																																																											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																											
6. Has defendant made any threats against potential witnesses?			7. Is defendant considered a flight risk?		8. Was evidence of the offense found in defendant's possession?					9. Does the State oppose an unsecured release at this time?		10. Defendant is pursuant to <input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Warrant																																																																																																																											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																													
11. Was Property Taken or Destroyed?				12. Is there any indication defendant is <input type="checkbox"/> an alcoholic <input type="checkbox"/> an addict <input type="checkbox"/> mentally disturbed					13. List any other charges outstanding against the defendant.																																																																																																																														
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Value? _____																																																																																																																																							
Has it been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																							
Is this being submitted as a 48-hour complaint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Explain YES answers to questions 1 - 13																																																																																																																																			
IF SHOPLIFTING - ITEM TAKEN:																																																																																																																																							
OFFICER'S STATEMENT OF PROBABLE CAUSE: To: JUDGE Dickerson COURT: 5 (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW)																																																																																																																																							
"See attached"																																																																																																																																							
<p style="text-align: center;"></p> <p>Print Officer Name and Badge # Det. R. Olmstead 1419 Officer's signature <i>Det. R. Olmstead 1419</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>JP Court</td> <td>JP Warrant</td> <td>SC Div</td> <td>SC Warrant</td> <td>JP Court</td> <td>JP Warrant</td> <td>SC Div</td> <td>SC Warrant</td> <td>JP Court</td> <td>JP Warrant</td> <td>SC Div</td> <td>SC Warrant</td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Charge Description</td> <td>Cnts</td> <td colspan="3">Charge Description</td> <td>Cnts</td> <td colspan="3">Charge Description</td> <td>Cnts</td> </tr> <tr> <td colspan="3">Poss. of Marijuana</td> <td>1</td> <td colspan="3">Poss. of Drug Para.</td> <td>6</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">Violation of Code/Sec: A.R.S. 13-3405A1</td> <td>Compl No.</td> <td colspan="3">Violation of Code/Sec: A.R.S. 13-3415A</td> <td>Compl No.</td> <td colspan="3">Violation of Code/Sec: A.R.S.</td> <td>Compl No.</td> </tr> <tr> <td colspan="2">Why released & Receipt</td> <td colspan="2">Released by:</td> <td colspan="2">Why released & Receipt</td> <td colspan="2">Released by:</td> <td colspan="2">Why released & Receipt</td> <td colspan="2">Released by:</td> </tr> <tr> <td colspan="2">Date Released</td> <td>F <input checked="" type="checkbox"/></td> <td>M <input type="checkbox"/></td> <td colspan="2">Narc/Drug</td> <td colspan="2">Date Released</td> <td>F <input checked="" type="checkbox"/></td> <td>M <input type="checkbox"/></td> <td colspan="2">Narc/Drug</td> </tr> <tr> <td colspan="2">Date Booked</td> <td>Time</td> <td>Day</td> <td colspan="2">Badge #</td> <td colspan="2">Booking Officer</td> <td colspan="2">Hold</td> <td colspan="2">Booking Officer Signature</td> </tr> <tr> <td colspan="4">DR No:</td> <td colspan="4">DR No:</td> <td colspan="2">DR No:</td> <td colspan="2">DR No:</td> </tr> <tr> <td colspan="3">Vehicle Color</td> <td>Year</td> <td colspan="3">Make and Model</td> <td colspan="2">License No.</td> <td colspan="2">State</td> <td colspan="2">Disposition of vehicle:</td> </tr> </table>															JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	5				5								Charge Description			Cnts	Charge Description			Cnts	Charge Description			Cnts	Poss. of Marijuana			1	Poss. of Drug Para.			6					Violation of Code/Sec: A.R.S. 13-3405A1			Compl No.	Violation of Code/Sec: A.R.S. 13-3415A			Compl No.	Violation of Code/Sec: A.R.S.			Compl No.	Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:		Date Released		F <input checked="" type="checkbox"/>	M <input type="checkbox"/>	Narc/Drug		Date Released		F <input checked="" type="checkbox"/>	M <input type="checkbox"/>	Narc/Drug		Date Booked		Time	Day	Badge #		Booking Officer		Hold		Booking Officer Signature		DR No:				DR No:				DR No:		DR No:		Vehicle Color			Year	Make and Model			License No.		State		Disposition of vehicle:	
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**COCHISE COUNTY
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JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant	JP Court 5	JP Warrant	SC Div	SC Warrant			
Charge Description Poss. of Marijuana				Cnts 1	Charge Description Conspiracy/Sale Dang Drug				Cnts 1	Charge Description Use of a Building to Sell Drug				Cnts 1
Violation of Code/Sec: A.R.S. 13-3405A1				Compl No.	Violation of Code/Sec: A.R.S. 13-1003/13-3407A2				Compl No.	Violation of Code/Sec: A.R.S. 13-3421A				Compl No.
Why released & Receipt		Released by:		Why released & Receipt		Released by:		Why released & Receipt		Released by:				
Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Released	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature						
DR No:				DR No:				DR No:						
JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant	JP Court	JP Warrant	SC Div	SC Warrant			
Charge Description				Cnts	Charge Description				Cnts	Charge Description				Cnts
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Date Booked	Time	Day	Badge #	Booking Officer		Hold		Booking Officer Signature						
DR No:				DR No:				DR No:						

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64